This Formis for INTERNAL PTO DE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

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APPLICATION	NO BER	:				
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		Total Fed	e Calculation	2		
	For Code	Tacal a Claims	Soumber Exten X	Fee	Fan /	Total
	Smilta			San Entity	Le Ephr	
Bude Filing Fee	2017101	0 1			/	. 690.00
Taul Claim: >20	201/101	34	, + 14 _x -			. 252.0
Independent Claims >3	202/10	<u></u>	3			. 23f. có
Mult. Osp Claim Present	204/104	·	_	·		
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English Translation	139					
TOTAL FEE CALCUL	NTION					1, 3060
Fees due upon filing d	he application.					
Total Filing Fees Due	= 5	1,306.00) 			
Less Filing Fees Subm	iπed - \$					
BALANCE DUE	= 5	1,306.00				
Va. Cileda	indel					
Office of Initial Patent	Examination					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE 0		OR	OTHER THAN		
FOR NUMBER FILED		R FILED	NUMBER EXTRA		RATE		1 [RATE	FEE	
BASIC FEE					4.56	345.00	OR		690.00	
TOTAL CLAIMS 34 minus 20=			. 14		X\$ 9	-	OR	X\$18=	2524	
INDEPENDENT CLAIMS			· 3		X39:	=	OR	X78=	2340	
MULTIPLE DEPENDENT CLAIM PRESENT						+130	=	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							\L	OR	TOTAL	1,176.0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	LL ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	777355 5335 F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 34	Minus **	34	=	X\$ 9	=	OR	X\$18=	
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<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEPEN	IDENT CLAIM		+130	=	OR	+260=	
TOTAL OR TOT ADDIT. FEE OR ADDIT. FEE										
		(Column 1)		(Column 2)	(Column 3)	ADD(1.1				
ENT B		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus •	•	=	X\$ 9	=	OR	X\$18=	
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		(Column 1)		(Column 2)	(Column 3)	l		_		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	•	Minus	***	=	X39	=	OR	X78=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDENT CLAIM	1	 		1		1
	If the enter in each	mp 1 is less than t	ho ontovio column	2 write "O" in c	olumn 3	+130		OR	+260=	ļ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										